cases into six divisions, placing them in what I consider the order of importance.

1st. Accurate measurement of refraction under atropine. This, of course, presupposes expertness in the use of the retinoscope, this being the only means at our command for use in young children.

2d. Constant wearing of the full refractive correction.

3d. Occlusion of the good or fixing eye. This may be accomplished by the use of atropine, or, a method which I prefer, by taking a pair of light automobile goggles and putting a ground or black glass in front of the good eye with the proper correcting lens mounted in front of the squinting eye. The child is prevented from looking over or to the side of the occluded glass by coating the wire sieve framework with shellac. A few pinholes must be punched through for ventilation purposes. Vision in the squinting eye will improve much more rapidly if we make no compromises with the child or with indulgent parents, but firmly insist that these glasses be worn constantly.

4th. The use of the amblyoscope of Claud Worth. I use the modification of the original make suggested by Black of Milwaukee. I would here urge the unwisdom of allowing parents to undertake these exercises at home, for invariably they fail to execute them properly. The results are nil, and by the fruits of their own efforts they are likely to estimate the good that follows as a reward of effort in more skillful hands. When by the use of the amblyoscope I have first stimulated simultaneous muscular perception, from this point progressed to the fusion of the two halves of a picture into a composite one, and so elicited a feeble sense of perspective, and if in addition to this I can by use of the cover test or with red or green glass in front of the eyes elicit diplopia, I feel that the case is well in hand, and with the co-operation of the child's parents I can almost certainly promise an ultimate cure.

5th. In the further treatment of these cases, I urge that the child be taught simple perspective drawing and that the child practice mental drawing of geometrical figures. This is an exercise that is frequently done in beginning art classes. Take some solid geometrical figure, as a cube, pyramid, rectangle, etc., put the figure on a chair or table some distance from the child, have him take a pencil in hand and trace out in space in front of him the directions of the lines and planes that make up the figure, doing this first with the right and then with the left hand. I have never seen this particular exercise mentioned in any text book or monograph on the treatment of squint, but I presume, though unmentioned, it is commonly used.

6th. The sixth and last step in the treatment of squint is the operative interference. This has purposely been placed last because a majority of cases can be cured without the aid of surgery, and it is sensible that this step be postponed until all other means fail. I do not in the least underrate the merit of muscular correction in the properly selected cases. To be a bit paradoxical, these selected cases are those never selected for any kind of treatment, they are the result of someone's indifference on blunder. The eye is already blind from disuse, hence the prescribing of glasses to correct the refractive error and the effort to stimulate muscular perception are alike useless. In these cases surgery is of avail, yet even here it has its limitations. The most fortunate result is only a cosmetic one and even if happily the eye is put straight, and yet more happily, if, in the absence of vision, it remains so, after all the eye is as blind as ever and as useless as before the deformity was corrected. Abnormalities in the orbits and in muscular origin and insertion most certainly exist, and in these cases it will ultimately be necessary to operate to obtain desired results. But even in these cases means must be first taken to conserve good vision in the squinting eye and fusion must be awakened and stimulated to the maximum. When it is proved that the desire for fusion and binocular vision can not overcome the anatomical defect then we may wisely consider the advisability of operative interference, for with the visual function and fusion in the amblyoscope well established, we can rest in the assurance that nature will come to our aid. If now we more or less satisfactorily correct the deviation, nature will begin where the surgeon leaves off, and by its insistence on the stimulation of corresponding retinal points bring the eyes into perfect parallelism.

SOME THINGS TO REMEMBER.

The State Journal and the State Society have now offices in the Butler Building, Geary and Stockton Streets, San Francisco.

The State Medical Society meets in San Jose, April 20, 21 and 22, 1909.

The A. M. A. meets in Atlantic City, June 8-11, 1909.

SAN JOAQUIN COUNTY ON NOSTRUMS.

Stockton, Cal., September, 1908.

To the Physicians and Surgeons of San Joaquin County:

Dear Doctors—There has been a special committee appointed by the San Joaquin County Medical Society to look into the abuses arsing out of the use of proprietary medicines. These abuses are many and affect not only the physician, but the druggist and people at large as well. They affect the doctor in many ways.

First. He becomes lazy as to prescribing the medicines according to the national formulary.

Second. He compels the druggist to load his shelves with a lot of medicines easily compounded by any intelligent pharmacist.

Third. The druggist having these articles on his shelves, it is easy, in many instances, to prescribe over the counter to many people who would otherwise consult the doctor.

Fourth. An intelligent person who reads the prescriptions the doctor writes before presenting them to the druggist for filling, in many instances, become familiar with the name of this special preparation prescribed, and instead of handing in his prescription, will ask for this preparation of the druggist, thereby getting the original package containing all the literature, dosage and other information connected with the medicine.

Fifth. The doctor, in his effort to dispose of these preparations, becomes an active selling agent for the proprietary medicine concern, and while it reduces his own profits in the business, aids these people to

make tremendous fortunes and encourages them to further foist upon the public more and more nostrums.

The duties of this committee are to recommend to the society and physicians at large, the best method of prohibiting the use of these preparations. The committee also desires an opinion from every physician in San Joaquin County and tothis end has prepared a series of questions, which should be answered as promptly as possible.

It is not possible nor practical for each of us to analyze each preparation pharmaceutically; consequently we have in the past been compelled to accept the manufacturers' word for their formulas, but such is no longer the case since the Council of Pharmacy of the A. M. A. has carefully and scientifically done that work for us.

We have taken up this matter with a number of first-class pharmacists. They are only too anxious to assist us (and themselves) by not having to carry the tremendous number of proprietary drugs which we order.

The national formulary contains everything in the way of medicines for internal and external use that we may require.

It is our object first to agree amongst ourselves to use nothing that is not sanctioned by the national formultary and the new preparations sanctioned by the committee on pharmacy of the A. M. A. If we do not use these proprietary medicines, the druggist will get rid of what he has, and will never buy any more. Should he do so, we can largely curtail his business by sending our prescriptions to the druggist who does a strictly prescription business, and if there are no concerns carrying proprietary medicines, the public will be largely protected by their inability to purchase them.

We are inclosing you a reprint of "The American Medical Journal" showing how ridiculously we have been imposed upon by the proprietary medicine fakers. We ask you to carefully read this reprint from end to end, and if you can not agree with us after reading this booklet, we certainly do not know any argument that will convince you, but we believe you are with us.

The page containing the questions we ask you to fill out and mail to us at your earliest convenience. We have other work to follow, and we desire to see the medical profession in San Joaquin County on the top notch of strictly ethical business in the near future.

Signed,

H. N. CROSS, M. D.,
J. P. HULL, M. D.,
A. M. TOWER, M. D.,
L. WELTI, M. D.,
B. F. WALKER, M. D., Secretary.

1. Do not the various text-books on therapeutics contain all the drugs and chemicals known to medical science?

2. Are you familiar with the principal ones of merit, and do you know their therapeutic action and doses?

3. Can you with your present knowledge of pharmacy write a prescription containing anything you desire?

4. If so, why don't you?

5. When you prescribe proprietary preparations do you remember all the ingredients they contain?

6. Does the majority of the pharmaceutical houses give you the quantity of each ingredient?

7. What can you tell your patient if he asks you if he may double the dose?

8. Is it not the physician's fault that proprietary remedies are kept in stock at all drug stores?

9. Is it not a fact that the druggist would be glad if the physicians did not use proprietary remedies?

10. Is it not a fact that druggists counter prescribe?

11. Is it not a fact that in most of the counter prescribing proprietary articles are used?

12. Would not the counter prescribing be less if there were no proprietary articles on the druggist's shelves to be dumped into bottles and labeled?

13. Does not a physician's knowledge of therapy become less after using proprietary articles for ten or twenty years?

14. Do you know your pharmacist makes less profit when you prescribe proprietary articles?

15. Do you know it costs your patient more money?

16. Is it not a fact most of the proprietary articles are made in the East?

17. Granting the above facts that the druggist makes less and the patient pays more, is it not a fact the patient's money goes to Eastern cities?

18. Do you honestly believe that you cure your patient more rapidly by using proprietary articles than Dr. B, who uses straight drugs?

19. Read the following facts before answering question 20: Gude's Pepto Mangan costs $10.00 per doz. bottles (14-oz. bottles). Traces of manganese are found in the red blood corpuscles, but same is found to be unaltered in all forms of chorosis or anaemia. (Steven's Therapeutics, page 242.) Numerous tests have been made by scientific observers in anaemia with Gude's Pepto Mangan and Blaud's pill with the following results: Blaud's pill did in forty days what it took Gude's Pepto Mangan seventy-five and eighty days to do. What is true of this preparation is also true of ninety-nine out of every hundred proprietary medicines.

20. Why do you use them?

BERI-BERI.

(Concluded from Page 358.)

The autopsy demonstrates clearly that death was due to an affection of the nervous system, especially of the peripheral nerves, which are the seat of true polyneuritis. This is especially pronounced in the spinal nerves; of the cranial nerves only the pneumogastric is involved, in certain cases, equally affected. In fact even the spinal cord is not exempt from the process of degeneration.

Chickens fed on rice not, or badly thrashed, never contract the polyneuritis in question; chickens attacked by the disease recover when the ordinary table rice is replaced by unshelled or badly thrashed rice or by husked rice which is added to their ordinary fare.

Eykmann is led to believe that the poison which produces the polyneuritis is not to be found in the fecula of rice. He is of the opinion that the poison is produced in the digestive tract through the influence exercised by the intestinal organisms upon this food. The pellicle or bran of the rice would thus have the remarkable property of rendering the poison inoffensive.